

APPLICATION FOR CITY OF DOTHAN EMPLOYMENT — PF #105

Read the instructions before you complete this application. Type or print clearly in black or blue ink.

FOR PERSONNEL USE ONLY

{Date(s) of changes, additions, updates, notes, etc.}

CC 2-11
(59)

GENERAL INFORMATION

1. What job are you applying for? Give job title and announcement number

Magistrate #010-92-01

2. Social Security Number (needed for employ/background investigations.)

3. Home Phone

(205) 794-2640
Area Code Phone Number

4. Work Phone

(205) 792-0113
Area Code Phone Number

5. Name And Telephone Number of Another Point of Contact

Neil Sizemore

794-8819

6. Driver's License State/Class

AL/Dm

7. Driver's License Number

5144702

- Expiration Date

06-29-95

8. Your Name (Last, First, Middle)

Brackin Mary Beth

9. All names ever used
-
- Mary Beth Sizemore (MAIDEN NAME)

Mary Beth Monday; Mary Beth Brackin

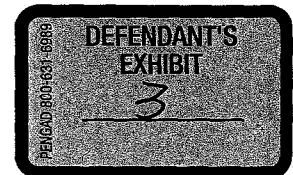
10. Mailing Address

No. Street: Rt 2 Box 39A Lot 903

City/State/Zip: Dothan, AL 36301

Street Address if different from Mailing Address:

N/A



11. Are you currently employed by the City of Dothan? Yes
- ☐
- No
- ☒

If yes, give your job title and department:

N/A

12. Have you ever worked for the City before? Yes
- ☐
- No
- ☒
- If yes, list dates and department? N/A

SR 2-10

- a. Have you ever been dismissed from the City before? Yes
- ☐
- No
- ☒

13. Are you willing to work weekends, shifts or rotating shifts? Yes
- ☒
- No
- ☐

14. Are you related to anyone on the Board of City Commission or a Department Head? Yes
- ☐
- No
- ☒
- If yes, list name(s), relationship(s) and department: N/A

15. Have you ever been discharged from another job for cause? If yes, explain (Give dates, employers and details. Attach a separate sheet of paper if necessary):

X

NO

16. Do you hold any political office? (The Civil Service Act of Dothan and Alabama Law prohibits City employees from holding local, City of Dothan, political office) Yes
- ☐
- No
- ☒
- If yes, title of office: N/A

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**CITY OF DOTHAN
PERSONNEL DEPARTMENT
P. O. BOX 2128
DOTHAN, AL 36302
24-HOUR JOB LINE (205) 793-0309**

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION. You may attach your resume to this application; however, the application must be completed. If you need additional space you may attach sheets to this application. In order to be considered for the position for which you are applying for, you must submit a completed application. A sample of a completed application is posted on the Personnel Department bulletin board. NOTE: You can apply for only one position on this application.

1. Read the job announcement. Be sure that your work experience and/or education meet the qualifications described on the position announcement.
2. Read carefully and complete each question and/or statement on the application and/or supplemental application for employment. If the question or statement does not apply to you, write "N/A".
3. Give complete name and address of each school you have attended, and complete each column for record of education.

4. **NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:** Give complete dates of employment to include at least the MONTH AND YEAR you started and left the place you worked; and give complete name and mailing address for all places you have worked. If you are listing volunteer work to qualify for a position, an experience block must be completed in the same manner as a paid job.

Give your job title, the name of the person to whom you reported, and a brief reason for leaving each place you have worked or volunteered.

DESCRIBE CLEARLY what you did at each place you have worked. Do not use abbreviations in the description of duties and responsibilities. If you do not describe your work experience, it will not be possible to determine if you meet the requirements of the position for which you are applying. We may verify your description with your former employers. If you had a major change of duties or responsibilities while you worked for the same employer, describe each major change as a separate job. This also applies to applicants listing military experience to qualify for a position. Each time you had a major change in responsibilities it should be listed separately.

Write in each experience block your name at the time you were employed or volunteered, if it is different from the name you currently use. List your name used at that time on the first line under Description of Duties and Responsibilities.

List, in the Personal References section, the name, mailing address (box number is required if a route is given) and telephone number of at least two (2) people {Police Officer and Fire Fighter applicants must list at least three (3) people} who know you. Do not list persons related to you or for whom you have worked in the past.

Sign (in your usual handwriting) and date the "Applicants Certification and Agreement" form; and the "Authorization, Release and Consent" form. If left unsigned, your application will not be considered.

5. If the job announcement states a valid driver's license is required, give your driver's license to the receptionist to verify.
6. If hired you must present proof of identity and employment eligibility as stipulated in TITLE 8, U.S. CODE, SECTION 132A (i.e., driver's license, Social Security Card issued by the Social Security Administration).
7. The City of Dothan verifies past employment, performs background investigations, and administers pre-employment physicals which includes drug/alcohol testing. A photo I.D., with signature, is required for pre-employment physicals.
8. We may request that you complete a Supplemental Application form. If you list work you have done for a company on the supplemental application, and do not list the company on your employment application, you will not receive credit for this work. The same applies to education, courses completed, etc.
9. This application is active for the position you have listed under Item 1, for a period of one year unless re-announced (whichever comes first). ***If this position is re-announced this application becomes inactive and you must fill out another application for this position.*** It is the applicant's responsibility to monitor the City of Dothan's 24-hour Job Line (205) 793-0309. REMINDER: You may apply for only one position on this employment application.
10. You must notify us immediately if your address or any of the telephone numbers you have listed changes. (Note: Completing a U.S. Postal Service forwarding of address form does not release you from notifying us immediately if your address changes). Your name will be removed from consideration for this position if we cannot contact you within a reasonable length of time.
11. Applicants applying for positions in the Police Department must also complete form #PF281.
12. The City of Dothan is a public employer. Employment applications, resumes, and contents thereof, are a matter of public record. (Chambers v. Birmingham News Company, 552 S. 2d 854 (Ala. 1989))
13. ***If you need assistance in completing the application process — PLEASE ASK.***

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17. Have you reached your 18th Birthdate? Yes ☒ No ☐ If hired, can you furnish proof of age? Yes ☒ No ☐

MILITARY SERVICE

18. HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY SERVICE? YES ☐ NO ☒ IF YES, ALL POLICE OFFICER APPLICANTS MUST SUBMIT A COPY OF THEIR DD FORM 214 AT TIME OF APPLICATION; AND/OR IF YOU ARE APPLYING FOR OTHER POSITIONS AND YOU WISH CREDIT FOR APPLICABLE MILITARY SERVICE, I.E. CREDIT FOR SERVICE DURING ANY WAR PERIOD, YOU MUST PROVIDE, AT THE TIME OF APPLICATION, A COPY OF YOUR *DD FORM 214(s) FOR *ALL ACTIVE DUTY ENTRY AND ENDING DATES. THERE WILL BE NO EXTENSION OF THIS TIME LIMIT.

* (For example, if one of your tours of duty was during a war period, but the DD Form 214 submitted to us has an entry and ending date from a different period/tour, you will not receive credit).

RECORD OF EDUCATION

19. Did you graduate from high school (If you have a GED high school equivalency answer yes)? Yes ☒ No ☐

Name and address of school where graduated or received GED: Rehobeth High School

Box 8 Dothan AL 36301

20. If you did not graduate from high school, (or do not possess a GED certificate), indicate highest school grade completed: N/A

Name and address of school: N/A

21. POST SECONDARY EDUCATION

| NAME OF SCHOOL/TRAINING/COURSES (CITY, STATE, ZIP CODE) | CHIEF SUBJECTS/ COLLEGE MAJOR TRAINING, COURSES, ETC. | # OF CREDITS/HOURS COMPLETED. INDICATE SEMESTER OR QUARTER | DEGREE/CERTIFICATE RECEIVED |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|
| 1) <u>Riley College</u> <u>4129 Ross Clark Cir NW</u> <u>Dothan AL 36303</u> | <u>Computer Clerical</u> | <u>6-months</u> | <u>Diploma</u> |
| 2) _____ | | | |
| 3) _____ | | | |
| 4) _____ | | | |

(More related courses — attach a sheet of paper or list in question #23)

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22. WORK EXPERIENCE

LIST MOST RECENT JOB FIRST. We will provide you with additional experience blocks if necessary. (NOTE: If you use military experience to meet the qualifications for the position you are applying for, month and year you began performing the qualifying duties, and month and year ended must be specified — not your entire tour of duty.) Applicants may also list volunteer experience that relate to the qualifications.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|
| 1) Name and address of employer (include Zip Code, if known) | Dates employed (give month and year) | Average number of hours per week |
| Automated Control Systems, Inc. 122 Woodburn Drive Dothan, AL 36301 | From: 12-90 To: Present | 40 |
| | Salary or earnings | Exact title of your job |
| | Starting \$ 6.00 per Hour | Office Manager / |
| | Ending \$ 6.60 per Hour | Receptionist |
| Work Area Code and Telephone Number | Your reason for leaving or wanting to leave | |
| (205) 792-0113 | To have a secure and responsible position. | |
| Name of your immediate supervisor: | | |
| Gary McGowan | | |
| Description of duties and responsibilities: | | |
| Answer Telephone; Type letters from rough draft copy; Weekly and Semi-Monthly Payroll; Payroll Taxes; Sales and Use Taxes; Accounts Payable; Accounts Receivable; Deposits; Invoicing; Purchase Orders; Make decisions on Purchases; Record Vacation and Holiday Time on Personal Employee Sheet; Maintain Job Cost and Cost of Equipment Sold; Close month-end Accounting Procedures and Filing | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|
| 2) Name and address of employer (include Zip Code, if known) | Dates employed (give month and year) | Average number of hours per week |
| Whatley-White, Inc. 300 Murray Road Dothan, AL 36303 | From: 3-90 To: 11-90 | 40 |
| | Salary or earnings | Exact title of your job |
| | Starting \$ 6.87 per Hour | Accounting Clerk |
| | Ending \$ 7.25 per Hour | |
| Work Area Code and Telephone Number | Your reason for leaving or wanting to leave | |
| (205) 794-4173 (Whatley Supply Co.) | Company Went Out of Business | |
| Name of your immediate supervisor: | | |
| Melissa Key (Can be reached at number Above) | | |
| Description of duties and responsibilities: | | |
| Computerized Accounts Receivable; Accounts Payable; Filing; Answer telephone; Reconcile Bank Statements - Payroll and Payables; Deposits and Close month-end Accounting Procedures. | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|
| 3) Name and address of employer (include Zip Code, if known) | Dates employed (give month and year) | Average number of hours per week |
| Riley College Corporate Office 4129 Ross Clark Circle Dothan AL 36303 | From: 11-88 To: 10-89 | 40 |
| | Salary or earnings | Exact title of your job |
| | Starting \$ 6.00 per Hour | Accounting Assistant |
| | Ending \$ 8.75 per Hour | |
| Work Area Code and Telephone Number | Your reason for leaving or wanting to leave | |
| (205) 793-2373 | Lack of Work | |
| Name of your immediate supervisor: | | |
| Peggy Rice | | |
| Description of duties and responsibilities: | | |
| Running A daily back-up on the Computer; Daily Bank Deposits; Coding Accounts Payable; Printing checks; Operating Postage Machine; Filing; Accounts Receivable; setting up tuition for Accounts Receivable on each student; Close month-end Accounting Procedures And Fiscal year-end; Prepare Purchase Orders. | | |

Please continue - - -

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| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------|
| 4) Name and address of employer (include Zip Code, if known) General Cigar Company 309 6th Avenue Dothan AL 36301 | Dates employed (give month and year) From: 12-86 To: 10-88 | Average number of hours per week 40 |
| Work Area Code and Telephone Number (205) 794-8519 | Salary or earnings Starting \$4.35 per Hour Ending \$5.12 per Hour | Exact title of your job Clerk and First Aid Attendant |
| Name of your immediate supervisor: Nell Sizemore | | |
| Description of duties and responsibilities: Daily Stock Reports, Monthly Reports, Monthly Inventories, Prime Management Reports on Lotus 1-2-3 Software, And handling Emergency Situations with Employees. | | |
| Your reason for leaving or wanting to leave Better Job Opportunity | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------|
| 5) Name and address of employer (include Zip Code, if known) General Cigar Company 309 6th Avenue Dothan AL 36301 | Dates employed (give month and year) From: 5-85 To: 11-86 | Average number of hours per week 40 |
| Work Area Code and Telephone Number (205) 794-8519 | Salary or earnings Starting \$3.85 per Hour Ending \$4.35 per Hour | Exact title of your job Machine Operator |
| Name of your immediate supervisor: Nell Sizemore | | |
| Description of duties and responsibilities: Banding and Cellophaned Cigars. Made sure good quality came out of the machine. | | |
| Your reason for leaving or wanting to leave Be Promotion | | |

| | | |
|---------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|
| 6) Name and address of employer (include Zip Code, if known) N/A | Dates employed (give month and year) From: To: | Average number of hours per week |
| Work Area Code and Telephone Number | Salary or earnings Starting \$ per Ending \$ per | Exact title of your job |
| Name of your immediate supervisor: | | |
| Description of duties and responsibilities: | | |

MORE JOBS? PLEASE ASK THE RECEPTIONIST FOR ADDITIONAL EXPERIENCE FORMS.

23. List awards, honors, other skills, qualifications, or comments which would assist in evaluating your application. If you use this space to continue an answer to a question please indicate the question number.

Question #19

Studied Business OFFICE Education which consisted of Accounting I, II, and III, Filing Procedures, Accounts Receivable, Accounts Payable, Typing, Ten-Key calculator And Apple Computers.

Question #21

Lotus 1-2-3, Wordstar, Wordperfect, Ten-Key, DOS, Display-Write-3, PFS: Write, PFS: File, English Skills, Math Skills, Graduated with highest honors.

24. PERSONAL REFERENCES

(DO NOT LIST RELATIVES OR PAST EMPLOYERS)

- 1) NAME AND OCCUPATION: Shirley Nelson - Retired Teacher AREA CODE & TELEPHONE NO: (205) 794-7160
ADDRESS: 601 Florence St.
Dothan AL 36301
- 2) NAME AND OCCUPATION: Greg Hutcheson - Fire Medic AREA CODE & TELEPHONE NO: (205) 794-2456
ADDRESS: 911 Fieldcrest Apts.
Dothan AL 36301
- 3) NAME AND OCCUPATION: N/A AREA CODE & TELEPHONE NO:
ADDRESS:
- 4) NAME AND OCCUPATION: N/A AREA CODE & TELEPHONE NO:
ADDRESS:

APPLICANT CERTIFICATION AND AGREEMENT

Read Carefully

I hereby certify that I have read, or have had explained to me, the Instructions pertaining to this application and that all statements made by me in this application are true and correct to the best of my knowledge and belief. I am further aware that willfully withholding information or making false statements on this application will be a basis for denial of a position prior to employment, and should such willful withholding or false statement become evident after employment, such evidence will constitute sufficient grounds for dismissal from employment with the City of Dothan. I understand all appointees serve a probationary (working test) period, during which time I must demonstrate my fitness for and ability to continue my employment with the City, and further, that any appointment offered to me will be contingent upon my passing a complete physical examination at my own expense. In addition I understand that the City of Dothan shall reserve the right to require a physical examination at City expense at any time prior to or after employment to determine my ability to perform the work required in the position for which I am applying or in which I am employed. I agree that this application and all papers in connection with it as well as results of any physical examination conducted in relation to my employment shall be confidential records of the Personnel Department subject to inspection by the Appointing Authority, as provided in the rules and regulations and to my personal inspection. I hereby release to the Personnel Department any and all information and/or records needed to determine my fitness for the position for which I am applying. I understand that this application for employment does not constitute an offer of employment or a contract of employment, either written or implied. I fully understand and agree to these conditions. I also understand that this application is being accepted by the City of Dothan's Personnel Department for the position listed under Item number one only. I further understand that this application is active, for this position, for a period of one year, unless readvertised. If this position advertised in less than one year, I must reapply (submit another application) in order to be eligible for employment consideration. I understand that as an applicant for a position with the City of Dothan, all previous and present employers are subject to be checked. The City cannot honor an applicant's request of non-notification of past or present employers.

Mary Beth Brackin
USUAL SIGNATURE OF APPLICANT

February 9, 1992
DATE SIGNED

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25. AUTHORIZATION, RELEASE AND CONSENT FORM

A false statement on any part of your application may be grounds for not hiring you, or for termination of your employment after you begin work:

I understand that any information I give may be investigated as allowed by law. I authorize and consent to the release of information and records about my ability and fitness for employment with the City of Dothan, to include medical information and records of law enforcement agencies, former and present employers, schools, hospitals, physicians, clinics, medical associations and other individuals and organizations, to personnel staffing specialists, and other authorized employees of the City of Dothan, Alabama. I certify that to the best of my knowledge and belief, all of my statements on employment applications and related employment papers are true, correct, complete, and made in good faith.

I hereby release the aforementioned persons, corporations, agencies, associations and their employees, agents and representatives from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance with this authorization.

I understand that according to City of Dothan policy, I am required to submit a sample of my urine for chemical analysis. I understand that this analysis will be conducted by qualified laboratory personnel. The purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my urine.

I consent freely and voluntarily to this request for a urine specimen. I hereby and herewith release the City of Dothan and City of Dothan Personnel Department, their employees, agents and contractors from any liability whatsoever arising from this request to furnish this urine sample, the testing of the urine sample and decisions made concerning my application for employment or continued employment based upon the results of the analysis.

I understand a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process.

I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record to release to the City of Dothan Personnel Department, information or photocopies from my military personnel and related medical records, or only the following information/records _____. This could include a photocopy of my DD Form 214, Report of Separation. (Specify)

A copy of this authorization, release and consent shall be as effective and valid as the original.

NOTICE TO APPLICANT: FAILURE TO SIGN THIS AUTHORIZATION, RELEASE AND CONSENT DISCONTINUES THE APPLICATION AND/OR EMPLOYMENT PROCESS.

Mary Beth Brackin
USUAL SIGNATURE OF APPLICANT/VETERAN

February 9, 1992
DATE SIGNED

Print Full Name:

LAST

FIRST

MIDDLE

OTHER NAME(S)

Address:

(STREET/RR#)

CITY/STATE

ZIP

Social Security Number:

416-17-1297

BACKGROUND INFORMATION

26. Have you been convicted of a crime or any other offense other than minor traffic violations within the past five (5) years, or do you currently have charges pending against you? Yes ☐ No ☒

If yes, explain nature of conviction (conviction records will not necessarily be a bar to employment): Factors such as age at time of offense, seriousness and nature of offense, etc., will be considered.

N/A

APPLICATION

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